



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

PRO REHAB & FITNESS INC
323 N COMMERCIAL ST
TRINIDAD CO 81082

Respondent Name

TEXAS MUTUAL INSURANCE CO

Carrier's Austin Representative Box

Box Number 54

MFDR Tracking Number

M4-13-1533-01

MFDR Date Received

FEBRUARY 20, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "I am filing a Medical Fee Dispute Resolution Request. I am enclosing the following information so you may review my request: Medical Fee Dispute Resolution Request (2 copies) Health Insurance Claim Form 1500 for DOS 11/17/1011 [sic] – 3/30/2012 EOB from Texas Mutual denying payment Letter to Texas Mutual asking for reconsideration Second EOB from Texas Mutual denying payment Letters from Humana stating that we owe them money that they paid us since this claim was a workman's comp claim (2 letters) Evaluations and daily notes for the patient [injured employee].

Amount in Dispute: \$8,135.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requestor submitted information identifying it timely submitted its billing to Humana Health Care Plans... Included also is notification from Humana on 20120512 that Texas Mutual was the correct carrier. The requestor had 95 days from 20120512 to submit the billing to Texas Mutual. Ninety-five days from 20120512 is 20120815. Texas Mutual received the initial billing for the above dates on 20120831. The bills were untimely. Further, Rule 133.20 states the requestor must also submit to the correct carrier the original bills it submitted to the incorrect carrier, which the requestor did not do"

Response Submitted by: Texas Mutual Insurance Co., 6210 E. Hwy. 290, Austin, TX 78723

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 17, 2011 through February 17, 2012 UNTIMELY DATES	Physical Therapy Services	\$5,885.00	Waived – Untimely to MFDR
February 20, 2012 through March 30, 2012 TIMELY DATES	Physical Therapy Services	\$2,250.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.

2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. 28 Texas Administrative Code §102.4 sets out the rules for non-Commission communications.
4. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
5. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
6. 28 Texas Administrative Code §134.600 sets out the guidelines for obtaining preauthorization of certain medical services.
7. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 29 – The time limit for filing has expired.
 - 731 – Per 133.20 provider shall not submit a medical bill later than the 95th day after the date the service. For services on or after 9/1/05.
 - 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
 - 197 – Precertification/authorization/notification absent.
 - 891 – No additional payment after reconsideration.
 - 928 – HCP must submit documentation to support exception to timely filing of bill (408.0272). Notification of erroneous submission not included.
 - 930 – Pre-Authorization required. Reimbursement denied.

Issues

1. Do the Texas Labor Code and applicable rules apply?
2. Did the requestor submit the request for medical fee dispute resolution in a timely manner?
3. Did the requestor timely file dates of service February 20, 2012 through March 30, 2012 to the correct workers' compensation insurance carrier?

Findings

1. The requestor provided physical therapy services in the state of Colorado on November 17, 2011 through February 23, 2012 to an injured employee with an existing Texas Workers' Compensation claim. The requestor was dissatisfied with the respondent's final action. The requestor filed for reconsideration and was denied payment after reconsideration. The requestor filed for dispute resolution under 28 Texas Administrative Code §133.307. The Division concludes that because the requestor sought the administrative remedy outlined in 28 Texas Administrative Code §133.307 for resolution of the matter of the request for additional payment, the dispute is to be decided under the jurisdiction of the Texas Workers' Compensation Act and applicable rules.
2. In accordance with 28 Texas Administrative Code §133.307, a requestor shall timely file the request with the division's Medical Fee Dispute Resolution (MFDR) Section or waive the right to medical fee dispute resolution. According to §133.307 (c), a request shall be filed no later than one year after the date(s) of service in dispute. Review of requests of documentation provided finds that dates of service in dispute are November 17, 2011 through February 17, 2012, and February 20, 2012 through March 30, 2012. Based on the date that this medical fee dispute was received in MFDR (February 20, 2013), the division concludes that:
 - the requestor has waived its right to medical fee dispute resolution for dates of service November 17, 2011 through February 17, 2012 because these dates were not submitted timely; and
 - dates of service February 20, 2012 through March 30, 2012 are eligible for review because they were timely submitted to MFDR.
3. Dates of service February 20, 2012 through March 30, 2012 were denied, in part due to "Per 133.20 provider shall not submit a medical bill later than the 95th day after the date the service" and "HCP must submit documentation to support exception to timely filing of bill (408.0272)." The provider contends that it erroneously filed the services in dispute with Humana, but later filed with the correct workers' compensation insurance carrier. According to Texas Labor Code §408.0272(b), the requestor in such cases is required to file all medical bills in dispute to the respondent within 95 days after the date the provider is notified of an erroneous submission. Texas Labor Code §408.0272(c) goes on to state that, "Notwithstanding Subsection (b), a health care provider who erroneously submits a claim for payment to an entity described by Subdivision (1) of that subsection forfeits the provider's right to reimbursement for that claim if the provider fails to submit the claim to the correct workers' compensation insurance carrier within 95 days after the date the provider is notified of the provider's erroneous submission of the claim." Although the requestor provided documentation sufficient to support that Humana was initially billed, it provided no documentation to support its later, alleged billing to TMIC met the requirement of Texas Labor Code §408.0272(b). The Division concludes that the requestor has failed to support that it timely filed the services in dispute to the correct workers' compensation carrier.

Therefore, the requestor has waived its right to reimbursement for dates of service February 20, 2012 through March 30, 2012 pursuant to Texas Labor Code §408.0272(c).

4. The insurance carrier also denied the disputed dates of service using denial codes 197 – “Precertification/authorization/notification absent” and 930 – “Pre-authorization required. Reimbursement denied.” In accordance with 28 Texas Administrative Code §134.600(p)(5), non-emergency health care requiring preauthorization includes physical and occupational therapy services. The requestor did not support that preauthorization was requested and approved.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____ Signature	Marguerite Foster Medical Fee Dispute Resolution Officer	October 10, 2013 Date
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YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.